

I. Name of Lobbyist(s) Glenn A. Perlow

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

APR 23 2019

NEW	HAME	PSHIRE	
DEPART	MENT	OF ST	ATE

II. Name of lobbyist's p	partnership, firm or c	orporation, if any	<i>;</i> :	
Perspecta Trust LL0				
(Name	of partnership, firm or co	orporation)		
One Liberty Lane	East	Hampton	NH	03842
Business Address: (Stree	et)	(Town/City)	(State)	(Zip Code)
(603) <u>929-2672</u>	(603)		e-mail gperlow@pers	spectatrust.com
(Telephone)		(Fax)		
III. This statement cove reportable expense trai			for each client, OR you may any one client).	file a separate report for
All reportable transa	ctions occurring in the	months prior to th	e reporting date relative to the	following client:
Perspecta Trust LL0	•			
	Full Name of Client as it	appears on the Lobi	ovisi Registration Form)	
<u>OR</u>	•			
All reportable transacunrelated to any particul		including the lobb	yist's family), or the lobbying	firm listed below which are
-	April 24, 2019 🗵		July 31, 2019 🔲	
Reports cover: activity	from date of registration	n to 3/3 1/19	activity from 4/1/19 to 6/30/19	
ac	October 30, 2019 tivity from 7/1/19 to 9/36	0/19	January 29, 2020 activity from 10/1/19 to 12/31/1	9
			ransactions made since th Secretary of State's Office, Sta	
VI. Check if additional	reports are attached	:		
			e Addendum A – Fees and Exp	penses
If you have paid an Expense Reimbursement		sed expenses, you	must file Addendum B- Rep	ort of Honorariums or
☐ If you, your firm, or	your family has made	political contribut	ions, you must file Addendum	n C- Political Contribution
Sworn Statement/Affir I have read RSA 15, RS, and complete to the best	A 15-B, RSA 14-C and		eby swear or affirm that the fo	regoing information is true
(Signature of lobbyist)			4/23/19 (Date	<u>)</u>
(1.8			(Date	'
Glenn A. Perlow	 			
(Print Name of lobbyist)			